



Town of Millville

Millville, DE 19967

Phone: (302) 539-0449 Fax: (302) 539-0879

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____				
Name _____				
Last	First	Middle	Maiden	
Present Address _____				
Number	Street	City	State	Zip
Telephone Number(s) <input type="text"/>		Last four digits Social Security # <input type="text"/>		

Best time to contact you at home is:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date

Do any of your friends or relatives, other than spouse, work here?

☐ Yes ☐ No

If yes, state name, relationship and location

Position applied for	<input type="text"/>	Date Available for Work	<input type="text"/> / <input type="text"/> / <input type="text"/>
Employment desired:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time Only	<input type="checkbox"/> Full or Part-Time
What is your desired salary range ?	<input type="text"/>		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you have a Driver's License?

☐

Yes

☐

No

EDUCATION

Type of School	Name of School	Location	Course of Study	Diploma/Degree
High School				
College				
Business Or Trade School				
Graduate/Professional School				
Other				

Have you ever been in the Armed Forces?

☐

Yes

☐

No

Are you now a member of the National Guard?

☐

Yes

☐

No

Specialty

Date Entered

Discharge Date

Type of Discharge

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Attach additional sheets if necessary.

Name of Employer	Name of Last Supervisor	
Address City, State, Zip Code Phone Number	Employment Dates	To: From:
	Job title:	
Reason for leaving (be specific)		

List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company?

May we contact

Yes

☐

No

☐

Name of Employer	Name of Last Supervisor	
Address City, State, Zip Code Phone Number	Employment Dates	To: From:
	Job title:	
Reason for leaving (be specific)		
<p>List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company?</p>		
May we contact	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALIZED/PROFESSIONAL EXPERIENCE

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

SPECIALIZED SKILLS (Skills/Equipment Operated)

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____Yes _____No

PERSONAL/PROFESSIONAL REFERENCES - Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

REMARKS:

MA:EmploymentApplication.
